


In re application of: Moses Rodriguez and Daren Ure

August 13, 2003

Serial No.: 09/885,227

Filed: June 20, 2001

For: TREATMENT OF CENTRAL NERVOUS SYSTEM DISEASES BY ANTIBODIES
AGAINST GLATIRAMER ACETATE


COMMISSIONER FOR PATENTS
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S I R:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under
37 C.F.R. § 1.9 and § 1.27 has been established by
a verified statement previously submitted.

a verified statement to establish small entity
status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

☒ No additional fee is required, other than the enclosed \$180.00 for filing the Second
Supplemental Information Disclosure Statement and \$110.00 for a One-Month Extension of Time.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE FEE			
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	14	* 53	*** 0	x	9.00	18.00	-	0
Indepen- dent Claims	1	** 8	*** 0	x	42.00	84.00	-	0
Multiple Dependent Claims(s) Presented ____ Yes <input checked="" type="checkbox"/> No					140.00	280.00	-	0
For First Time:					TOTAL ADDITIONAL \$ FEE			
					0			

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and
the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than
"0", write "0" in the space.

Applicants : Moses Rodriquez and Daren Ure
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Amendment Transmittal Letter
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
in the amount of \$ _____.

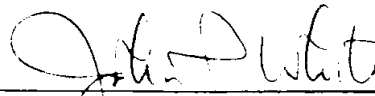
X A check in the amount of \$ 290.00 is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

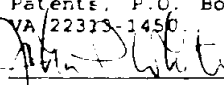
X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



John F. White
Registration No. 28,678
Attorney for Applicants
Cooper & Dunham LLP
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

 8/13/03

John F. White Date
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